

**INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION**  
**COMMITTEE MINUTES**

**COMMITTEE OF THE WHOLE**

**RECORDER: Cheryl Holden**

**DATE: March 27, 2003**

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**MEMBERS PERSENT:** Raymond M. Peterson, M.D., Chair; Jim Bellotti; George Chance; Michelle Douyon-Davis; Arleen Downing, M.D., Marcy Gallagher; Toni Gonzales; Hedy Hansen; Gretchen Hester; Rick Ingraham ; Cynthia Jaynes; Marie Kanne Poulsen, Ph.D; Lynn Lorber; Thomas McCool, Ed.D; Beverley Morgan-Sandoz; Hallie Morrow, M.D., James Queirolo; Theresa Rossini; Elaine Fogel Schneider, Ph.D.

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**INTRODUCTIONS AND ANNOUNCEMENTS:**

Dr. Peterson welcomed everyone to the meeting and introduced Ellen Montanari, organization and planning facilitator, and Sandy Harvey, the newly appointed community representative, representing an early intervention program for children with hearing impairments. Dr. Peterson announced that he had received a letter of resignation from community representative Barbara Helfing and acknowledged her contributions to the ICC.

Dr. Peterson referred to agreed of the January 2003, ICC organizational/planning meeting. The purpose of the meeting was to allow ICC members to identify and prioritize ICC activities to be accomplished during the upcoming year. The agreements made during the organizational/p lanning meeting were reviewed and ICC members were in consensus that the agreements were recorded accurately (see Attachment A). The summary of the organizational/planning meeting was mailed to ICC members and community representatives.

The Friday, March 28, 2003 ICC meeting agenda was reviewed and Dr. Peterson briefly discussed the action items that will be voted on. He noted that one action item provides a restructure of the ICC; and if passed, this will be the last Committee of the Whole meeting. Dr. Peterson requested that the committees revise their agendas for the afternoon sessions to continue discussion on the organizational/planning work that needs to be completed.

**CONTINUATION OF ORGANIZATIONAL/PLANNING MEETING**

Ellen Montanari, facilitator, reviewed the ICC's agreed priorities (see Attachment B) and described the process used to reach consensus on the priorities. Ms. Montanari stated that there was consensus on the three priorities, which are 1) strengthen collaboration, 2) increase awareness, and 3) increase access to services. However, there is not agreement on the activities listed under each priority.

Ms. Montanari stated that she will attend the afternoon sessions and use a technique called “focused conversations” to guide the work of the committees in the afternoon session meetings. To start with, she invited ICC members to participate in a focused conversation about the organizational/planning meeting process and outcomes by addressing:

- Accomplishments
- High points
- Struggles
- Lessons learned
- Relevancy of current work

The ICC’s responses to this focused conversation are recorded in Attachment C. Ms. Montanari invited the audience to ask questions or comment at this time. Questions were recorded and possible solutions are addressed in Attachment D.

For the afternoon session, the committees were instructed to meet separately for the first two hours to engage in a focused conversation. Each committee was asked to identify:

- Concepts, phrases or issues that caught their attention
- Questions needing clarity
- What intrigues them about the ICC’s new direction
- What concerns them about the ICC’s new direction
- The intent of the new structure
- What changes may be required
- List of existing projects, issues and on-going work
- Next steps, including recommended activities

The ICC committees then reconvened later in the afternoon and shared the results of their focused conversations. The committees were able to identify their top recommendations for ICC activities. Ms. Montanari asked all ICC members and community representatives to vote on their preferred activities as recommended by each of the four committees. The results of the voting are as follows:

**Activities recommended from the Public Awareness Committee:**

1. Outreach to physicians and other health care professionals (17)
2. Product evaluation (12)
3. Outreach to foster care and child care (4)
4. Outreach to providers (4)

**Activities recommended from the Health Systems Committee:**

1. Outreach to health care professionals (16)
2. Financial Issues (11)
3. Infant Family Mental Health (7)

**Activities recommended from the Family Support Services Committee:**

1. Identify underserved populations (e.g., geographical areas, special populations) (20)
2. SB 1703 Child care, early care and education (11)

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3. Follow- up on family satisfaction issues/survey (10)

**Activities recommended from the Quality Assurance & Personnel & Program Standards Committee:**

1. Monitoring and continuous improvement (29)
2. Personnel and program standards/best practices (27)

Ms. Montanari thanked those present for their participation in this process and for their demonstrated desire to help young children with disabilities and their families.

Dr. Peterson asked the ICC staff to query ICC members and community representatives on their interest in committees and activities. Some submitted interest sheets, however it was subsequently decided that a follow-up survey of all would be developed. The results of this survey will be presented at the May meeting.

The meeting was adjourned at 5:15 p.m.

***ICC agreements determined by consensus January 24, 2003:***

- A. Priorities to be addressed in 2003 are:
1. Strengthen collaboration
  2. Increase awareness
  3. Increase access to services
- B. These priorities could be addressed if:
1. They begin with review and revision of the current ICC structure.
  2. DDS provides information allowing members to monitor the State Budget.
  3. DDS provides reports and information on activities they are conducting regarding strategies for enhancing program and personnel development.
- C. The following issues should be revisited in 2004:
1. Evaluate the current child find system
  2. Develop and implement enforcement provisions for laws
  3. Create consistent Early Start (regional center and local education agency) eligibility, assessment and services
- D. There was agreement that a Vice Chair should be elected. The Vice Chair will be an ICC member who is ~~designated as a parent as defined in the federal regulations for ICC composition which requires parent representatives to be parents of a children with a disabilities~~ *disability aged 12 or younger [CFR 303.601(a)(1)]*. The role of the Vice Chair will be defined in subsequent ICC meetings.  
(Note: strike out and italics based on approved bylaw change and election of Vice Chair on 3/28/03)
- E. There was agreement that there should be an Executive Committee whose responsibilities would include:
1. Developing the agenda
  2. Recommending the Chairs and membership of committees
  3. Ensuring committees adhere to defined operating principles
  4. Ensuring collaboration among committees
  5. Standardizing agendas and committee overlays to ensure collaboration and partnership in each project.
  6. Discussing possible new issues for committees and making committee assignments.
  7. Evaluating the effectiveness of all priorities and projects
  8. Responsibility for process, not content.
- F. There was agreement that there should be four standing committees based upon the priorities identified. These committees were tentatively named:
1. Integrated Services
  2. Public Awareness
  3. Family Resources and Supports
  4. Service Delivery Systems

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G. It was agreed that there should be parent-professional co-chairs for each of the standing committees.

H. It was agreed that meetings were most effective when they were structured, yet interactive. It was agreed meetings should maintain this spirit of communication and information exchange.

I. It was agreed that a system should be developed which would allow ICC members and community representatives to rotate among committees at the completion of a task or assignment of responsibility.

***ICC Priorities agreed to by consensus January 23-24, 2003:***

**PRIORITY 1: STRENGTHEN COLLABORATION**

- Promote interagency collaboration
- Increase collaborative awareness
- Increase collaboration
- Showcase model collaboration
- Partner with Prop 10 Commission

**PRIORITY 2: INCREASE AWARENESS**

- Effectiveness of public awareness
- Increase and improve physician awareness
- Provider outreach awareness
- Increase awareness of state and local services
- Seamless service delivery
- Evaluate current child find system (define statewide child find goals, improve child find and early identification)

**PRIORITY 3: INCREASE ACCESS TO SERVICES**

- Improve transitional assistance to families
- Increase access (low income, at risk)
- Identify barriers for families
- Empower families to advocate
- Seamless delivery services
- Evaluate current child find system (link to Priority 2)

It was also agreed that the following issues should continue to be followed by the ICC with the lead and partner agencies reporting:

**MONITOR THE STATE BUDGET**

**ENHANCE PROGRAM AND PERSONNEL DEVELOPMENT**

- Maximize effectiveness of services
- Linking vendored providers statewide
- Implement personnel standards
- Promote, improve education and training for public and providers

It was agreed that the following issues were important and should be re-visited in 2004:

- Implement enforcement provisions for laws
- Create consistent Early Start (regional center and local education agency) eligibility, assessment and services

## **ATTACHMENT C:**

### ***March 27, 2003, ICC's focused conversation about the January 2003, Organizational/planning meeting process and outcomes:***

#### **Accomplishments:**

- Hearing issues consistently addressed from a parent perspective and not just an organizational standpoint
- Developing priorities and clarifying purpose
- Understanding the need for a change and working on how to do it
- Clearer understanding of our role on the ICC and the advisement role of the ICC to DDS
- "Jelling" as a committee and expressing our values

#### **High Points:**

- Hearing from new committee members with energy, vision, and collaboration on priorities
- The group was honest about accomplishments and where things may have fallen short. An honest discussion took place about the work completed and advisement to DDS.
- We were able to have an informal meeting and a safe discussion amongst the members.
- The facilitator was helpful in consensus building.
- It was greed the COTW spirit needed to be infused into the ICC meeting. We need interaction from constituency and with community representatives.

#### **Struggles:**

- There is lot of history in and among committees. We needed change of focus given budget restraints and that created feeling of discomfort.
- Being limited to only to 3 priorities made people uncomfortable. It was difficult to focus in on specific topics when we think globally and want to do everything.
- How do we know if we are making difference for families?

#### **What did you learn?**

- We need to step back and have that process to see where we are focused as opposed to "this came up so lets take it on".
- We need to review our priorities and accomplishments on an annual basis.
- There is much dedication and energy in this group.
- My time here is making a difference for families.
- I learned what the ICC can do.
- We need to always ask ourselves, "Are we hearing parents and working on relevant issues?"

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**What did you learn? (continued)**

- It helps to add the phrase “so that” to our priorities and activities to determine if we are helping families.
- The ICC could be a collaborative model for all state agencies to use in order to promote a program to achieve it’s maximum potential. The ICC could be showcased as an exceptional model and be duplicated by others.
- The number of items that the ICC took action on and made decisions about impressed me.



**ATTACHMENT D:**

***“Issues to be Resolved” and “Possible Solutions”  
recorded March 27, 2003:***

How do ideas and suggestions get to the executive committee?

*The Chair of each committee may submit suggestions to the ICC Executive Committee.*

How do we maintain the spirit of COTW?

*There is agreement that interaction and communication should occur at the ICC meeting.*

What is the role of the Vice Chair?

*The role of the Vice Chair is defined in the ICC’s bylaws.*

Do Committee Chairs need to be ICC members?

*Yes.*

Who will report on the State Budget and enhancing personnel and program standards?

*DDS and CDE will report on these items at each meeting.*

Who will take the lead on ensuring we keep on the radar screen a strategic plan to address program and personnel standards?

*DDS*

Who will take the lead on foster care and child care issues?

*The Department of Social Services*

How will we go about evaluating the success of current, recently completed and future projects?

*The Executive Committee will address.*

In light of budgetary constraints, how will ad hoc committees work?

*They will be determined on a case-by-case basis, ad hoc committees or ad hoc work groups convened by the ICC are subject to Bagley-Keene. They could be convened by another entity and report back to ICC or conference calls could be used to discuss issues.*

How do we follow-up on positions and products of committees? Is there a feedback loop from DDS about implementation of recommendations?

*The Executive Committee will provide direction to the committees on priority work. The Committees will submit their recommendations on issues to the full ICC. The ICC will submit recommendations to DDS. DDS will distribute recommendations per the direction of the DDS administration and provide the ICC Chair with a follow up letter explaining actions taken on recommendations.*